

STATE OF SOUTH CAROLINA)
)
COUNTY OF: _____)
)
IN THE MATTER OF:)
)
_____)
(Decedent))

IN THE PROBATE COURT
MOTION FOR EXTENSION
Request # _____

CASE NUMBER: _____

- INVENTORY AND APPRAISEMENT
- ACCOUNTING
- ALLOWANCE AND/OR DISALLOWANCE OF CLAIMS
- CLOSING DOCUMENT(S)
- OTHER: _____

_____ is/are the duly qualified and acting Personal Representative(s) of the above estate.

I/We request an extension of _____ days to allow the Personal Representative(s) to complete and/or file the above referenced document or action for the following reason(s):

Executed this _____ day of _____, 20_____.

Attorney for the Personal Representative / Personal Representative

Signature: _____
Print Name: _____
Address: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____

Co-Personal Representative Signature: _____

Print Name: _____
Address: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____